## Filing Date Application Number **CLAIMS ONLY** Applicant(s) May be used for additional claims or amendments AFTER SECOND AMENDMENT AFTER FIRST AMENDMENT AS FILED CLAIMS Depend Indep Depend Indep Indep Depend Indep Depend Indep Depend Indep Depend 51 52 53 54 55 56 57 58 59 60 2 3 8 9 10 62 12 13 14 . 63 64 --65 --65 15 16 17 68 69 19 70 71 20 21 22 23 24 25 26 72 73 74 75 76 77 27 78 79 28 29 80 30 31 32 33 34 35 36 37 81 82 83 84 85 86 87 88 38 39 40 41 42 89 90 91 92 93 43 44 45 46 94 95 96 97 47 48 98 99 49 50 100 Total Indep Total Tolal Indep Total Depend Depend Total Claims Total